IFU

October 21, 2004



H. Samuel Frost B.A. (Eng. Sci.), M.Sc. (Nucl. Eng.) 416 957 1687 sfrost@bereskinparr.com

Our Reference: 9351-197

# Request to Add a Benefit Claim Request for Updated Filing Receipt

Commissioner of Patents P.O. Box 1450 Alexandria, VA U.S.A. 22313-1450

Dear Commissioner:

Re:

United States Patent Application No. 10/716,553

Filed: November 20, 2003

For: PRESSURE CONTROL SYSTEM FOR LOW PRESSURE OPERATION

Applicant: LAMONT et al.

This is further to the Updated Filing Receipt mailed on June 15, 2004. The Updated Filing Receipt included under "Domestic Priority Data as claimed by the Applicant" a reference to U.S. Provisional Application Serial No. 60/427,534, filed November 20, 2002.

Pursuant to 37 CFR 1.76(c), Applicant submits herewith a Supplemental Application Data Sheet including an additional benefit claim in respect of U.S. Provisional Application Serial No. 60/516,283, filed on November 3, 2003. Applicant submits that this additional benefit claim is submitted within the time period required by 37 CFR 1.78(a)(5)(ii), and that no petition or surcharge is required.

Applicant requests that an Updated Filing Receipt be issued to reflect the addition of a second benefit claim.

Respectfully Submitted,

**BERESKIN & PARR** 

By:

H. Samuel Frost

Registration No. 31,696 Tel: 416-957-1687

/np

Encl.



**Application Information** 

4 ×

Application No. 10/716,553

Application Type:: Regular

Subject Matter:: Utility

PRESSURE CONTROL SYSTEM FOR LOW Title::

PRESSURE OPERATION

Attorney Docket Number:: 9351-197

Request for Early

Publication?:: No

No Request for Non-Publication?::

2 Suggested Drawing Figure::

**Total Drawing Sheets:** 5

Small Entity?:: No

Petition included?:: No

Secrecy Order in

Parent Appl.?:: No

#### **Applicant Information**

Inventor Authority Type:: Inventor

**Primary Citizenship** 

Country:: Canada

Status:: **Full Capacity** 

Given Name:: Gordon

Middle Name:: John

Family Name:: Lamont

City of Residence:: **New Westminster** 

State or Prov. Of

Residence:: **British Colombia** 

Country of Residence:: Canada

Street of mailing address::

City of mailing address::

**New Westminster** 

State or Province of

mailing address::

British Columbia

Country of mailing address::

Canada

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer

Number::

001059

Phone Number::

(416) 957-1687

Fax Number::

(416) 361-1398

E-Mail Address::

sfrost@bereskinparr.com

#### Representative Information

Representative	
Customer Number::	001059

## **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application is an	application claiming	60/427,534	11/20/2002
	the benefit under 35		
	USC 119(e) of		
And this application is	Application claiming	60/516,283	11/03/2003
<u>an</u>	the benefit under 35		
	USC 119(e) of		